

Iowa Division of Labor
OSHA Consultation
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**Iowa OSHA Consultation and Education
REQUEST FOR ON-SITE VISIT**

Company Name			
Company Mailing Address			
Street	City	State	Zip
Site Address (If different from above)			
Street	City	State	Zip
Contact Person	Title		
Person making request	Telephone	Fax	
How did you learn of our service?			
Type of Business - General Industry or Construction? Please give a brief description of your operation.			
What type of visit are you requesting? (Please check appropriate box)			
<input type="checkbox"/> Health Visit <input type="checkbox"/> Safety Visit <input type="checkbox"/> Safety and Health Visit			
Number of employees at site	Number of total employees in company		
Standard Industrial Classification (SIC), if known	Have you had an OSHA Compliance visit in the last 12 months?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
You may mail or fax the completed request form to our office at the address on the top of this form. If faxing, please remember to fax both sides. One of our consultants will contact you to arrange for your visit.			
The signature and title of the company official authorizing this consultation visit must appear below.			
Signature	Title	Date	

I understand that consultation services are made available to me at no cost through Federal and State funds. I further understand that, following the on-site survey, I will receive a written report and that the Consultant will preserve in confidentiality all information obtained as a result of the survey. The results and recommendations in this report are based on the conditions which were present during our survey and on the best information available to the consultant at the time of the survey, and does not replace any other needed or required safety or health monitoring for your facility. The advice and written report of the Consultant will not be binding on a Compliance Officer in the event of an inspection, nor shall the failure of the Consultant to identify a specific hazard affect the regular conduct of a Compliance Officer.

I agree to correct all serious hazards, which are identified by the Consultant, and to allow the Consultant to confer with individual employees, as necessary during the course of the visit, in order to identify and judge the nature and extent of particular hazards. In the event that serious hazards are identified in the written report, I agree to post, unedited, the List of Hazards at a prominent location where it is readily observable by all employees for three working days or until the hazard has been corrected, whichever is later.

If you encounter difficulties in correcting serious hazards within the established time frame, an extension may be granted. These extensions must be requested in writing on or before the correction due date.

Signature: _____

Title: _____

Date: _____

A wide variety of occupational safety and health information and publications are available on the Federal OSHA website www.osha.gov.

If you have any questions regarding educational material or would like to participate in Iowa's safety education video loan program, please contact 515-281-0202 or osha.education@iwd.iowa.gov.